

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be reimbursement of \$1,030.00 for dates of service, 06/06/01, 06/11/01 & 06/13/01.
- b. The request was received on 01/24/02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. Initial Submission of TWCC-60
 1. Position Statement, undated
 2. HCFA-1500
 3. EOB(s)
 4. Medical Records
 - b. Additional documentation requested on 06/10/02 – No response found in the file.
 - c. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.

2. Respondent, Exhibit II:

Based on Commission Rule 133.307 (g) (4), the Division notified the Requestor with a copy to the insurance carrier Austin Representative of the Requestor's requirement to submit two copies of additional documentation relevant to the fee dispute on 06/10/02. There is no response from the Requestor in the file nor is there a Carrier initial response or a 14-day response in the. A "No Response Found" from the Requestor is reflected in Exhibit I.

3. This MDR case file does not contain a Carrier sign sheet as reflected in Exhibit III

III. PARTIES' POSITIONS

1. Requestor: Letter undated

"...preauthorization was granted for the above disputed services by the carrier's team of professional RN's and Case Managers. Preauthorization requests and approval copies are found under our section Written Documentation. Professionals at preauthorization department had sufficient time to review, the medical records, the protocols, the medical necessity of the treatment requested.... It is hard to understand why services are now been disputed when at the time of the request there was no objection on your group of professionals reviewing the medical necessity."

2. Respondent: No position statement

IV. FINDINGS

- Based on Commission Rule 133.307(d) (1) (2), the only dates of service eligible for review are 06/06/01, 06/11/01 & 06/13/01.
- Per the Requestor's Table of Disputed Services, the Requestor billed the Carrier \$1,030.00 for services provided on the above dates of service.
- Per the Requestor's Table of Disputed Services, the Carrier paid the Requestor \$0.00 for services provided on the above dates of service.
- The Carrier's EOBs deny reimbursement as, "TR12 A – PREAUTHORIZATION WAS NOT OBTAINED PRIOR TO THE SERVICE/PROCEDURE BEING RENDERED."
- Per the Requestor's Table of Disputed Services, the Requestor is seeking \$1,030.00 for services provided on the above date in dispute.
- The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT CODE	BILLED	PAID	EOB Denial Code(s)	MARS	REFERENCE	RATIONALE:
06/06/01	90906	\$120.00	\$0.00	TR12 for all dates	\$2.00/min	MFG MGR (II) (F) (3); TWCC Rule 134.600 (h); CPT Descriptor	The carrier has denied the charges in dispute as “TR12 A – PREAUTHORIZATION WAS NOT OBTAINED PRIOR TO THE SERVICE/PROCEDURE BEING RENDERED”. The Carrier did not respond to the provider’s request for medical dispute resolution and no other EOBs or re-audits were noted. Therefore, the Medical Review Division’s decision is rendered based on denial codes submitted to the Provider prior to the date of this dispute being filed. Pursuant to Rule 134.600, “all psychological testing and psychotherapy, repeat interviews, and biofeedback...” requires pre-authorization. The Provider has submitted a hardcopy of preauthorization approval from the Carrier, dated 04/20/02. Therefore, reimbursement of \$1,030.00 is recommended.
06/06/01	90902	\$120.00	\$0.00		\$2.00/min		
06/06/01	90841	\$155.00	\$0.00		\$155.00		
06/11/01	90906	\$120.00	\$0.00		\$2.00/min		
06/11/01	90902	\$120.00	\$0.00		\$2.00/min		
06/11/01	90841	\$155.00	\$0.00		\$155.00		
06/13/01	90906	\$120.00	\$0.00		\$2.00/min		
06/13/01	90902	\$120.00	\$0.00		\$2.00/min		
Totals		\$1030.00	\$0.00				The Requestor is entitled to reimbursement in the amount of \$1,030.00 .

VI. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit \$1,030.00 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 6th day of September 2002.

Denise Terry, R.N.
Medical Dispute Resolution Officer
Medical Review Division
DT/dt